

PLANTATION HIGH SCHOOL

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Single Field Trip Parent/Legal Guardian Authorization Form

High School - Magnet Program - Center

Student Name: _____ Telephone: _____

1. I authorize my student to utilize the following type of transportation:

School Bus ___ Charter Bus ___ Rental Vehicle ___ Private Vehicle ___ Walk ___

-No motorcycles/scooters/mopeds permitted as transportation.

-Maximum capacity is one (1) person per seat belt.

2. I authorize my student to: Ride with Staff ___ Ride with Another Student ___

3. I authorize my student to: Drive Own Car ___ Drive Family Car ___

Drive car and carry passengers including fellow students ___

-No motorcycles/scooters/mopeds permitted as transportation.

-Maximum capacity is one (1) person per seat belt.

• Field Trip Destination: Orlando, Florida - Universal Studios / Grad Bash

• Departure Date/Time: 11:00 am, Friday, April 24, 2020

• Return Date/Time: 5:30 am, Saturday, April 25, 2020

EMERGENCY CONTACT

In case of an emergency, I may be reached at:

Name _____ Telephone: _____

In the event I cannot be reached, please contact:

Name _____ Telephone: _____

HEALTH/ACCIDENT INSURANCE

My student is covered by twenty-four (24) hour student accident insurance or family insurance:

Insurance Company: _____

Policy Number: _____ /or I've attached a photo copy of my family insurance identification card.

_____ I do not have insurance, however, I will pay any and all medical bills for emergency care of my student.

FORM#4359

REV 8/16

OSQ 9853/RISK MGMT 9711

Signature of Parent or Guardian/Date

SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

RELEASE FROM LIABILITY

I, the undersigned, hereby grant _____
Son/Daughter/Ward

permission to travel on a _____ sponsored trip to
(Name of School)

_____ as a member of
_____.

By my signature to this statement of permission, I hereby release and hold harmless the above named school and the individual sponsors, including the teachers and principals, from all liability for mishap or injury to the student named herein from the time of departure to the time of return, and from any and all responsibility for the acts or conduct of such student during the trip.

I, the undersigned, also grant permission for my _____ to receive
Son/Daughter/Ward
medical aid from a licensed doctor or hospital if the chaperones deem it necessary. I acknowledge that I have been advised that my son/daughter/ward should have a "24-hour" insurance coverage (either through my own agent or the currently authorized student accident insurer); I further realize that "at school" Student Accident Insurance does **not** cover overnight school trips.

Signature of Mother

Signature of Father

Signature of Guardian

Witnessed by _____
this _____ day of _____
20_____/20____ school year.

Whose commission expires: _____

Parents/Guardian Phone Numbers:

Emergency Contact Name and Number:

**THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
PLANTATION HIGH SCHOOL**

**OVERNIGHT FIELD TRIP
*Rules of Conduct***

Sponsor/Teacher

All students on overnight field trips will abide by the following rules:

1. There will be no defacing of public or private property. Any damages to any property or furnishings anywhere must be paid for by the individual or group responsible.
2. All students will keep their adult advisors informed of their activities and whereabouts at all times. No student will leave the hotel premises (except for authorized events). (Absolutely no one goes anywhere off hotel/lodging premises without a chaperone.
3. All students will be prompt and prepared for all activities.
4. Possessing or being under the influence of mood-altering substances such as drugs or alcohol will result in an administrative disciplinary action of suspension.
5. There will be absolutely no use or possession of any tobacco products. This is a violation of the Code of Student Conduct and will result in school disciplinary action.
6. Males shall not be allowed in the rooms of females and females shall not be allowed in the rooms of males at any time, for any reason. If this occurs, school disciplinary action will occur.
7. No room service is allowed.
8. "Curfew" means that students are to be in their assigned rooms at the designated time. Students are not to leave their rooms after bed check (and/or curfew). A violation of curfew will result in an administrative disciplinary action of suspension.
9. Check your hotel room upon arrival. If there is any existing damage, immediately report it to your adult advisor since you will be held responsible for any damage to your room.
10. When in any public place (store, restaurant, etc.), all items consumed or used must be paid for. A student caught shoplifting will be turned over to the local authorities. If the student is released to return home, travel expenses will be paid by the student's parent(s).
11. Beware of talking to strangers. Many people with ill intent recognize tourists and take advantage of them.
12. Students are encouraged to carry traveler's checks, not cash.
13. Luggage, rooms, etc, are subject to search at any time.
14. If a student becomes a severe disciplinary problem, the parent(s)/guardian(s) will be contacted.
15. All students will adhere to dress code rules as prescribed by the program or event and be in compliance with Broward County Public Schools' Code of Student Conduct.
16. Local school policies supersede these rules if a stricter policy is currently in use.
17. Per order of the Director of Risk Management, students are not permitted to use the pool or Jacuzzi at events.

Any violation of these rules may result in administrative disciplinary action and the prohibition of any future field trips for the remainder of the school year.

Student's Signature

Date

Parent(s)/Guardian(s) Signature

Date

PERMISSION FOR MEDICAL TREATMENT

School Board of Public Instruction
Broward County, Florida

I, the undersigned, being the parent/guardian of:

 Print Student's Name

Hereby authorize any necessary treatment for this student while on a trip sponsored by _____ to _____. I also guarantee payment of all charges incurred during this treatment.

Parent/Guardian's Name (Please Print)

Parent Signature

Address: _____
(Street and Number) (City) (Zip Code)

Phone: _____
(Home) (Business)

(Cellular) (Pager)

(Other Emergency # for April 27th and April 28th)

NOTARY _____
My Commission Expires _____

In regard to the above-named student, I submit the following information:

1. Allergies to food, medications, etc. (if none, please STATE)

2. Medical problems (if none, please STATE) _____
3. Is the student on any continuous medication? If yes, please describe medication and dosage. (A copy of your Medical Authorization form **MUST** be attached).

4. Family Physician _____
(Name) (Office Phone Number)

(Street Address) (City/State)
5. Date of last tetanus shot _____

MEDICAL/HOSPITALIZATION INFORMATION

1. Name of Insurance Company _____
2. Policy Holder _____
3. Policy Number _____



THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Plantation High School
6901 NW 16th St,
Plantation FL 33313
754-322-1850
plantationhigh.browardschools.com

The School Board of
Broward County, Florida

Dear Parent(s)/Guardian(s)

Please be advised of School Board Policy #6303, Rule 1(h), which states as follows:

“Students may be denied the privilege of participating in field trips, social and/or extracurricular activities if said student(s) have been disruptive, violate the student code of conduct or fail to conform with school rules and regulations. The final decision on whether or not the student may participate shall be made by the principal with documentation and input from the affected staff.”

While we, here at Plantation High School, believe that field trips can be an integral part of the learning process in many areas of education, we also consider them a privilege and reserve the right to deny any student, whose conduct is in violation of school policy as indicated above, the opportunity to attend.

Additionally, if your child is being considered for an overnight field trip, it is very important for you to be aware that Student Accident Insurance will not cover overnight field trips under any circumstances. Every child, however, should be properly insured and we strongly suggest that you provide either “24-hour” or “around-the-clock” insurance (available through the currently authorized student accident insurer or your own personal agent.)

We thank you for your cooperation and attention to this matter.

I have read the above information regarding School Board Policy #6303 pertaining to off-campus field trips and fully understand its content.

Student Name (please print)

Student Signature

Parent/Guardian Signature

Date